

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023674

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 89

FILED JUL 10 1963

1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

EXCELSIOR SPRINGS

Length of stay in 1b

12 DAYS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

McCLARY THORNTON HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

CHARLTON

admission)

c. CITY

OR TOWN

KEYZESVILLE

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

RR # 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

LEWIS

Middle

L

Last

WHEELER

4. DATE OF DEATH

JUNE 17 63

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

NOV 27 1894 68

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED BARN

10b. KIND OF BUSINESS OR INDUSTRY

CAFE

11. BIRTHPLACE (City and state or country)

KEYZESVILLE, MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

LEWIS L WHEELER

13b. MOTHER'S MAIDEN NAME

MARY HERSHEY

14. NAME OF HUSBAND OR WIFE

DOROTHY FLETCHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

YES WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

MRS LEWIS WHEELER, KEYZESVILLE, MO

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Perforated Diverticulitis

INTERVAL BETWEEN ONSET AND DEATH

2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Cardia-

DUE TO (c)

Vascular disease

3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

June 5, 1963 June 17, 1963 and last saw him alive on June 17, 1963. 1:42 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. Robert M. Lee M.D.

22b. ADDRESS

402 St. Louis

22c. DATE SIGNED

June 17, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

6-19-1963

23c. NAME OF CEMETERY OR CREMATORY

KEYZESVILLE

23d. LOCATION (City, town, or county)

KEYZESVILLE, MO

(State)

FURNERAL DIRECTOR

Prichard Funeral Home, Inc.

ADDRESS

Excelsior Springs, Missouri.

25. DATE RECD. BY LOCAL REG.

6-17-63

26. REGISTRAR'S SIGNATURE

Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1 6001

2 0210

3 1

4 0

5 1

6

7 0

8 0

9 572.1

10

11

12 3-0

13 1-0

JUL 18 1963

JUL 11 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph Van Ledingham

Licensed Embalmer No. *4009*

P.O. Address *Elk River, Minn.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Burial Permit received 6-17-63 B. H.